VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11335 CERTIFICATE OF DEATH

Reg. Dist. No.

1	289
	147

1. PLACE OF DEATH					USUAL RESIDENCE (Where deceased		on: Residen	ce before odmi	ssion)
o. COUNTY Fred	erick		MARYLA	CHU	o. STATE Marv]	land	b. COUNTY	eder	ick	
b. CITY OR TOWN (If our RURAL and give neares	side corporate limits,	write c. ti	ENGTH OF STAY IN	116	c. CITY OR TOWN (I	f outside corpo	rote limits, write R	URAL ond	give nearest tow	vn)
Unionv			10 yrs.		Uni	ionvil	10			7
d. NAME OF HOSPITAL	If not in hospital, give	e street oddre	41)		d. STREET ADDRESS				e. IS RE	SIDENCE
d. NAME OF HOSPITAL (I	D. Mt. A	iry			R.D. M	t. Air	У			A FARM?
3. NAME OF	First		Middle		Lost	4. DATE	Mon	th	Day	Yeor
DECEASED (Type or print)	BERTHA		В.	ALB.	AUGH	OF DEATH	Nove	m ber	- 3	1956
5. SEX 6.	COLOR OR RACE 7	- MARRIED	NEVER MARRIED	8. D	ATE OF BIRTH		9. AGE (In years lost by thday)		TYEAR IF UND	1
FEMALE	white v	VIDOWED 🔀	DIVORCED		-19-1873		83 yrs.	Months	Days Hours	Min.
10a. USUAL OCCUPATION (during most of working	Give kind of work do	ne 105, KIND	OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Sto	te or foreign co	ountry)	12. CIT	IZEN OF WHA	T COUNTR
housewi	fe	OW	n home		Maryla	and			U.S.	
13. FATHER'S NAME				1-	. MOTHER'S MAIDEN					
	Edward L	indsa	y		Mary l	Naill				
15. WAS DECEASED EVER IN	U. S. ARMED FORCE	S? 16. SOC!	AL SECURITY NO.	17. INFO			Add	ress		
no	, grandra ar date of terr	no	ne	C.	Holly All	baugh,	\$8	me		
18. CAUSE OF DEATH	Enter only one cous	e per line for	{o}, (b), ond {c}.]						INTERVAL B	ETWEEN
PART I. DEATH V	VAS CAUSED BY:	loon	uralizan	1 1	rterio se	clores	10		ONSET AND	DEATH
450.0	DIE TO	(D 2 //				276700		-	-	S P N C
Conditions, if ony,	which)									
gove rise to imme	diate (-							
cottle (a), stating the plant of the state o	(c)_									
PART II. OTHER S		TIONS CONTI	RIBUTING TO DEATH	H BUT NOT	RELATED TO THE TER	MINAL DISEASE	E CONDITION GIV	EN IN PAR	T 1(0) 19. WAS	AUTOPSY
PART II. OTHER S 20%. ACCIDENT WAS UI OR CONTRIBUTING (IF EITHER, NOTIFY MED		•								ORMED?
20a. ACCIDENT WAS UP	NDERLYING 2	Ob. DESCRIBE	HOW INJURY OCC	URRED. (E	nter nature of injury i	n Port I or Port	I II of item 18.}			ad house
(IF EITHER, NOTIFY MED	ICAL EXAMINER)									
\$ 20c. TIME OF INJURY	Aonth, Day, Year	20d. INJURY	OCCURRED 20	De. PLACE	OF INJURY IHome, fo	rm, 20f. (City	or town)	(0	County)	(Slote)
20c, TIME OF INJURY A	19		Not while of work	foctory	street, office bldg., e	ric.}		ì	,,	
					1055	OV OU	105/	41 5 1 1		
21. I certify that										
alive an	June.	" IX-5 F	, and that a	eath ac	curred atZ_		reet, city or town,			ted abov
ACTUAL /	JB. Cu	0	.00		00.1		Teel, city or lown,	store}	111	1-1-1
SIGNATURE LA	113.00	er in	LE	M.D.		airy	Lebed			3/7.6
PHYSICIAN'S NAME (Type)	W.B.	Culu	1130							
220. BURIAL, CREMATION, REMOVAL (Specify)	226. DATE THEREOF	22e	NAME OF CEMETE	ERY ON-OR	EMATORY	22d. LOCAT	ION (City, town,	or county)	(Sta	ite)
BURTAL"	11-5-195	56	Lingan	ore		Fred	erick (0.,	Maryla	ind
23. FUNERAL DIRECTOR'S SIG		77 0.	ADDRESS	-	240. RE	CO BY REGIST	RAR 246 REGI	TRAR'S SIC	SNATURE)	10
C. M. Wal	tz, v	vini'16	eld, Mar	ylan	d DATE	ONO	1000	nace	tuns	kles

acted to Act y Liberts. Answer were a printer by o. H. Walter, Christian Contain in a

11300 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) PLACE OF DEATH necessary, please for. Page 4 shau a. COUNTY Frederick O. STATE b. COUNTY Ohie MARYLAND buriol, b. CITY OR TOWIT (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negres! town) XXXXXXXXX Frederick 3 Hours Mentor d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Eagle Rd. R.F.D.2 Frederick Memorial Hospital YES NO I NAME OF ielev 4. DATE First Day Year DECEASED 9 19 56 (Type or print) Charles Armington DEATH NOT. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED & 8. DATE OF BIRTH P. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. and 3 to the retained for Male White Months Hours T 9 WIDOWED IT DIVORCED | Feb.6. 1937 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Pe Cornell Univ. USA Student Ohio 13. FATHER'S NAME 1, 2, may 14. MOTHER'S MAIDEN NAME Poges Poges Person Elizabeth Cole Rielev Raymond Q. Armington 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Drivers licence Give No 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY form Portion of bone of skull IMMEDIATE CAUSE (a) **DUE TO** thruu dura into brain tissue 3 hours .= Conditions, if any, which pencil gove rise to immediate couse puriol **DUE TO** (a), stoting the underlying 0 couse lost. Office 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 50 PERFORMED? used 0 NO A Examiner's 200. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) accident. His car was struck by trailer CAUSE OF DEATH. should Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY 20f. (City or lown) (County) (Stote) erificate, writing the we to the Chief Medical E DIRECTOR: Page 3 sha factory, street, office bldg., etc.) Not while While 8-15p. m. Route Route 40 Frederick at work at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X, Inquiry I, and find that Accident A Suicide . death resulted from: Notural couses ... Homicide . Undetermined couse BATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE Z Z ASSISTANT MEDICAL EXAMINER EXAMINEE'S II/IO/56 DEPUTY MEDICAL EXAMINER NAME (Type) .O. Thomas 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Sar REMOVAL (Specify) 1956 Lakeview Cemeterv Cleveland Burial Ohie ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15MEIST M. R. Etchison & Son, Frederick, Maryland 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A15 (4) 15M 9/55

MARYLAND STA	TE DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
11301	CERTIFICATE	OF DEATH		R

11291 Reg. Dist. No. 3

1. PLACE OF DEATH o. COUNTY	Frederick		MARYI	LAND	2. USUAL RESIDENCE (W	_	d lived. If institut b. COUNTY		eder		ion)
b. CITY OR JOHN RURAL and give	(If outside corporate liminearest town) Frederick	ts, write	40 yrs.	IN 16	c. CITY OR FOWN (IF		prate limits, write l	URAL and	give nec	gresi town	11
d. NAME OF HOSP OR INSTITUTION	Frederick		oddress) ial Hospita	al	d. STREET ADDRESS 5 East	15th	Street				FARMS /
3. NAME OF DECEASED (Type or print)	Rollin	4.	John Middle	Atl	cinson lost	4. DATE OF DEATH	Nov.	27	Do	•	Year 56
5. SEX Male	6. COLOR OR RACE White	MIDOM			Oct. 1-1903		9. AGE (In years lost birthdoy) 53yrs.	Months	Days	Hours	R 24 HRS. Min.
100. USUAL OCCUPAT during most of wo Newspape	ION (Give kind of work orking life, even if retired OF WORK	done 10b.	KIND OF BUSINESS OF		Pennsylv		ountry)	12. CI	U.S		COUNTRY
13. FATHER'S NAME	B. Atkinson				14. MOTHER'S MAIDEN		Phinehar	4+.		-	
	TER IN U. S. ARMED FOR	appress	social security No.		FORMANT CS. Rollins		Add	rest	thSt	Mary	land
Canditians, if gove rise to cause (a), stating lying cause lost	the under-		erenan	art	ery scleres	ć)	E CONDITION GIV	/en in Par	6	PERFO	plus
	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)				. (Enter nature of injury in		I II of item 18.)				
20c. TIME OF INJU Hour a. ft. p. m.	18	While	NJURY OCCURRED Not while at work	20e, PLA foct	CE OF INJURY (Home, farn ory, street, office bldg., etc	n, 20f. (City	or lown)	l	County)		(Stote)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Nov 27 I RS du Dr. L.R. Sch	, 19 rolu oolma	56,,, and that	death 	Fr	Adoress (se ofessi ederic	n the causes of treet, city or town, onal Bld	and on t stole) g.e. and	last so he da	le state DA	ed above TE SIGNEI
220. BURIAL, CREMATH REMOVAC (Specify Burial	11-30-19	56	Mount Oli		Cemetery	Fre	MON (City, town, derick-	Mary	-		1)
C. E, Clin	r's signature v	V;	ADDRESS Frederick	- Ma	force Person	D BY REGIST	20	STRAR'S SI		RE	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH 11337

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DEPARTMENT OF HEALTH	11293
sarios Street, Baltimore	-4400

RIGAS HOSPITALEICAT	E OF DEATH Reg. Dist. N	0
I. PLACE OF DEATH. I Jaw SUILL COUNTY Frederick MARYLAND		DERICK
CITY (If outside corporate fimits, write RURAL and OR give nearest town) SUILL (in this place)	OR UEW MARKET	ve nearest town)
HOSPITAL OR RIGHTS HOSPITAL INSTITUTION OR RIGHTS HOSPITAL	STREET (If rural, give location) ADDRESS	
3. NAME OF DECEASED (First) (Middle) (Middle) (Type or Print) Martice W. Bo		(Day) (Year)
Male Color or RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED. (Specify) Linds	8. DATE OF BIRTH 9. AGE last birthday II under Months 78 yrs. Months	Days Hours Min.
don. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LARIE LILER HOME BULLENIC	MARYLAND	2. CITIZEN OF WHAT COUNTRY!
WILLIAUT. BAKER	CATHERINE POOLE	"FERRA
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of 2/7-28-5545-	MRS FOH EL WHITEHILL	REDERICK
18. MEDICAL CE	RTIFICATION	1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) ATTETIOSC.	Lerotic Heart Asses	INTERVAL BETWEEN ORGET AND DEATH
Antecedent cause(s) Diseases or conditions, II any, giving rise to the above cause stating the underlying cause last		
(e)		1
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	+ Arterioscherosis	3 Year
192. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY To. Work At work	HOW DID INJURY OCCUR!	
22. I hereby certify that I attended the deceased from AUG. 3	9 6	saw the deceased
slive on MOV 10, 1956 and that death occurred at A Signature: (Degree or title)	ADDRESS and on the date s	DATE SIGNED
BURIAL (Specify) Nor 13-56 MODUT OLI	RY OR CREMATORY LOCATION (City, town, or cour VET CEMETERS FREDERICK	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG NOV / 2-57 LUCION K. Falcence	WE Jakorus New Wa	ADDRESS Land Hy

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	295
	11303 CERTIFICATE OF DEATH Reg. Dist. No.	. 131
director	1 PLACE OF DEATH o. COUNTY Frederick 2. USUAL RESIDENCE (Where decrosed lived If institution: Residence before STATE b. COUNTY tree to the state of	derick
Meath of be	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick c. CHY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Graceham	earest town)
s ofter 2 should by the fu	Frederick I nour Graceham d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO N
24 hour		Pay Year
d wilhin	5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH Male White WIDOWED DIVORCED July 1. 1888 9. AGE (In years IF UNDER I YEAR Months Doys Months Months Doys Months Doys Months	R IF UNDER 24 HRS Hours Min.
and campon paper death.	100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN	OF WHAT COUNTRY
5 5 5	13. FATHER'S NAME Alonza H. Buhrman Alonza H. Buhrman Alonza H. Buhrman Alonza H. Buhrman	
27.72	/ 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT No 217-32-5566 Catherine M. Buhrman Graceha	am, Md.
attendir n please	18. CAUSE OF DEATH Enter only one couse per line-for (o), (b), and (c).	TERVAL BETWEEN
ires that the	Conditions, if any, which gove rise to immediate case (a), stating the under DUE TO	3 Jeans
ophysician. ss been sig ol-trans: t oval, and i	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO []
IAN: The ending I ficate he buri	200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH OF LIFE EITHER, NOTIFY MEDICAL EXAMINER]	
EHYSE of or at this cert r use as	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 of work) (Stote)
R ETTENDING d by the haspit EECTOR: After i be detached far iar ta burial, cn	21. I certify that I attended the deceased from Love, 19.5 to 19.5 to 19.5 that I last s alive on 19.5 to 19.5	
ospital o	PHYSICIAN'S Dr. A.A. Pearre	
O HOSP moy be O FUNE poge 3 the regi		(Stote) aryland
VS A15 (4) 15M 9/55	22-FONERAL DIRECTOR'S RIGHATURE ADDRESS ADDRESS	Hech



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1./		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	11298
17		11305 CERTIFICATE OF DEATH	131
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a in the second of the second	1	Frederick MARYLAND Maryland Fred	Levick
leath hera		b. CITY OR TOWN (f outside corporate limits, write RURAL and give peacest fown) C. LENGTH OF STAY IN 1b C. EMPOR TOWN (f outside corporate limits, write RURAL and give peacest fown)	give nearest town)
her d	-	d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
173 of # 42 st		Frederick Memorial Hospital MAIN ST	ON A FARM? YES NO D
4 hou	3.	NAME OF First Middle Last 4. DATE Manth OF	Day Year
fille ges		(Type or print) Myrtic DEATH	18 1956
Pa Pa	3.	losi birthday) Months	Days Hours Min.
mple pers	16		IZEN OF WHAT COUNTRY
d car death	٠	during most of working life, even if retired) HI USE WIFE OWN HOME MARYLAND	ital States
be of non-	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	Trea States
rs of	L	MILTON CARTER ELIZABETH BAKER	
certificate g physicia remave co 72 havrs a	15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT as, no or unknown) If yes, give wor or date of service) Address	
th ce ding use r n 72	-	NO NONE JOHN M CHRTER LIBERT	YTOWN "
ded ded		18. CAUSE OF DEATH {Enter only one couse per line for (o), (b), and (c) } PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
the of the cent	ı	IMMEDIATE CAUSE (6) L PY & DYO! IT ETMOY! NOTE	
that by t	ı	Conditions if any which	
gned b	ı	gave rise to immediate cotte (o), stoling the under DUE TO	
nsi sig		tying couse lost. (c)	
ohysici us bee ol-trar avol, o	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(a) 19 WAS AUTOPSY PERFORMED? YES NO T
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tend iffica iffica the	I CERTI		
PHYSIC or at his cert use as mation	MEDICA	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19	County) (State)
Spito spito for the	*		last saw the deceased
NDI e ho e ho ichec urial		alive an 11-18 , 19.56, and that death accurred at 5:00 AM, from the causes and an ti	he date stated above
ATTE	ı	ADDRESS (Street, city or slown, storely	DATE SIGNED
on like		SIGNATURE M. M. D. Judiney M.D.	11/18/5
should strar p		PHYSICIAN'S A A PEARRE	
ONE CONTROL	2	O BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county)	(State)
o HO may a		BURIAL WOV21-1956 LINGANORE UNIONVILLE	MD
VS A1S (4) ** 15M 9/S5	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE ADDRESS 1 ADDRESS 1 ADDRESS 1 ADDRESS 1 ADDRESS 2 ADDRESS 2 ADDRESS 3 ADDRESS 4 ADDRESS 3 ADDRESS 4 ADDRESS 3 ADDRESS 4 ADDRESS 4 ADDRESS 4 ADDRESS 4 ADDRESS 5 ADDRESS 5 ADDRESS 5 ADDRESS 5 ADDRESS 6 ADDRESS 7 ADDRESS 6 ADDRESS	O. 11
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1	MARTLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11299
25/	CERTIFICATE OF DEATH Reg. Dist. No. 131
be filed with	1. PLACE OF DEATH a. COUNTY ACT OF DEATH a. COUNTY ACT OF DEATH a. COUNTY ACT OF DEATH b. COUNTY C. USUAL RESIDENCE (Where deceased lived). If institution, Residence before admission) b. COUNTY C. USUAL RESIDENCE (Where deceased lived). If institution, Residence before admission) b. COUNTY C. USUAL RESIDENCE (Where deceased lived). If institution, Residence before admission) b. COUNTY C. USUAL RESIDENCE (Where deceased lived). If institution, Residence before admission) b. COUNTY C. USUAL RESIDENCE (Where deceased lived). If institution, Residence before admission) b. COUNTY C. USUAL RESIDENCE (Where deceased lived). If institution, Residence before admission) b. COUNTY C. USUAL RESIDENCE (Where deceased lived). If institution, Residence before admission) b. COUNTY C. USUAL RESIDENCE (Where deceased lived). If institution, Residence before admission) b. COUNTY C. USUAL RESIDENCE (Where deceased lived). If institution, Residence before admission) b. COUNTY C. USUAL RESIDENCE (Where deceased lived). If institution, Residence before admission) b. COUNTY C. USUAL RESIDENCE (Where deceased lived). If institution, Residence before admission) b. COUNTY C. USUAL RESIDENCE (Where deceased lived). If institution, Residence before admission) b. COUNTY C. USUAL RESIDENCE (Where deceased lived). If institution is represented to the county of the cou
ould be f	b CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) RURAL and give nearest town) ACC C RUE C
of the	d. NAME OF HOSPITAL (If not in hospital, give street address) OB-INSTITUTION OB-INSTITUTION ON A FARM? YES NOW
5 - S	3. NAME OF DECEASED (Type or print) BABY Middle Last 4. DATE Month Boy Year OF DEATH // 30 19 50
s. Pages	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Hours Months Days Hours Months Days Hours Min
and complete son papers.	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY To AC 4/Ad W USA
of corbo	13 FATHER'S NAME LOUIS IFEIMS 14. MOTHER'S MAIDEN NAME MILLED TO THE DIEGES
ose remove col	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (14 yes, give war or dates of service) On the property of the service of
attending please	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Thurathy at the first property of the control
by the t. Thei y event	161.5 Due to Conditions, if ony, which)
an signed b	gove rise to immediate cosse (a), stoling the under lying cause last. (c) (c)
burial-Iransi remaval, an	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
ficos h the bur ar rem	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
use as amatian	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a m. While Not while of work of
After the forming forming forming the forming	21. I certify that I attended the deceased fram. 1/30, 1957, ta 1/30, 1957, that I last saw the deceased alive on 1/30, 1957, and that death accurred at 10/34M, from the causes and on the date stated above
ECTOR:	ACTUAL AC
Ran bould b	PHYSICIAN'S HARRY W GRAY
Page 3 shouther registrar	220 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Frederick, Maryland (Stote)
5	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
M 9/55	M. R. Etchison & Son, Frederick, Maryland DATE 30 Nov. 1956 Elizabeth & Jech
	2064161XVO

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
-	11340 CERTIFICATE OF DEATH Reg. Dist. No. /38
D D D D D D D D D D D D D D D D D D D	1. PLACE OF DEATH o. COUNTY Frederick MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b COUNTY Frederick MARYLAND
M)×	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BURAL and give nearest town) FREDERICK
Jan	4. MAME OF FIGSPITAL (If not in hospital, give street address) OF SPITAL (If not in hospital, give street address) ON A FARM? YES□ NO ID
	3. NAME OF DECEASED (Type or print) EVALINE DVE DEATH NOW 17 195
`	5. SEX 6. COLORIOR RACE 7 MARRIED NEVER MARRIED 18. DATE OF BIRTH TEMPORE WIDOWED DIVORCED 11-11-1873 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS. Hours Min.
deoth /	100. USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) RETIRED HOUSE WIFE OWN HOME PENNISY VANIA U.S.A.
irs ofter death.	George E. Tulloch M. Lutitia Flanegin
72 hou	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 334 Parchardings Deveace NO [If you, give work or dates of service] NONE DR. J. D. DUVE FREDERICK - Md.
ithiw to	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYO CAT dIAL FAILUTE IMMEDIATE CAUSE (b) MYO CAT dIAL FAILUTE ONSET AND DEATH ONSET AND DEATH
any aver	Conditions, if any, which by Arteriosclerosis 541-5
5 5 5 6 7	gove rise to immediate couse (a), stating the <u>under-lying couse lost.</u> DUE TO (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
P .	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. js. p. m. 19 Of work of wor
wrial, c	21. I certify that I attended the deceased from Harch 4, 1953, to NOV 17, 1930 that I last saw the deceased alive on 18, 1977, 1830, and that death occurred at 80 7 M, from the causes and on the date stated above
prior to b	ACTUAL SIGNATURE M.D. SACRESS (Street, city or Joyth, stole) DATE SIGNI
registrar pr	PHYSICIAN'S TOSEPH LET NET 191).
0	BURIAL CREMATION, 226. DATE THEREOF Allegheny CO. Mem. Park NR. PITTSburgh- Par.
	23. FUNERAL DIRECTOR'S SIGNATURE C. E. Cline 4 Son FREDERICK-Md. DATE 20 May 1957 Tuccian Halconut

9.

1				MARYL	AND STAT	E DEPARTM	LENT OF HEALTH	H-BALTIMORE,	18 11	302
7 NE					11307	CERTIFIC	ATE OF DEATH	4	Reg. Dist. I	
Page director		1	PLACE OF DEATH a. COUNTY	Proderick		MARYLAND	II - CTATE	ryland b. COUNT		ederick
ath; erol be fi				autside corporate limit	s, write c. LENG	OTH OF STAY IN 16	c. GEN OR TOWN (IF	outside carparate limits, write	RURAL and give	nearest town)
funda old	- "M				One	week	Rocky	Ridge		×
rs afte by the d 2 sho		2	d. NAME OF HOSPITS OR INSTITUTION	(If not in hospital, g	Haspita	1	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO W
ž 💮		3	NAME OF DECEASED	Fin	it	Middle	Last	4. DATE Mo	nih	Day Year
ille es J			(Type or print)	Marry	Ellen	T	CKENHODE C	DEATH NOV.	13.	19 56
Ithir Pag		5.	SEX	6. COLOR OR RACE	7. MARRIED X N	EVER MARRIED	8. DATE OF BIRTH	9 AGE (In years last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.
d w olete			Female	white	MIDOMED	DIVOPCED [Oct. 18, 1	977 79	Months Day	ys Hours Mm.
amp ape		10	o. USUAL OCCUPATIO	N (Give kind of work oing life, even if retired)	lane 10b KIND OF	BUSINESS OR INDL	STRY 11. BIRTHPLACE (State	or foreign country)		OF WHAT COUNTRY?
exe nd c			Housewi		Own	Home	Marylan	nd		U.S.A.
be n or report		13	FATHER'S NAME				14. MOTHER'S MAIDEN I			
ofe icio	T		Abraha	m C. Myer	S		Sarah	A. Hoover		
tific shys may how			. WAS DECEASED EVER		CES? 16. SOCIAL S	ECURITY NO. 17.	INFORMANT	Ade	dress	
re re re 72	1		No	. pus, gravital as salim of h	None		Mrs. "rnest	Ridge	Thurmo	nt. "d.
eath east east thin			18 CAUSE OF DEA	TH [Enter anly one co	use per line far (a).	(b), and (c).)				NTERVAL BETWEEN
e d			PART I. DEA	TH WAS CAUSED BY:	Sair	hous C	arlen uma	Rt. BREAS		To lin on this
the the The			170 X	DUE TO		7. 5.1. 4				//
الم			Canditions, if or	y, which) (b)	(16	re men	atusis.	generate it		3
ires ned erm			gave rise to in	nmediale (3		7
signification			lying couse last.		Da	s-beter	Br ellite	7		
sicio een rons		Z	PART II. OTH			ITING TO DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GI	VEN IN PART 1(c	19. WAS AUTOPSY
phy phy as b iol-t	-	CATION			Fran	ture Po	thologine	pt. His		PERFORMED?
ing he h buri		CERTIE		UNDERLYING	20b. DESCRIBE HO		D. (Enter nature of injury in	Part I or Part II of item 18.)		
AN Piccol		E SE	(IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER]						
SECTION OF		MEDICAL	20c. TIME OF INJUR	Manth, Day, Yea			ACE OF INJURY (Home, form	, 20f (City or town)	(Caun	ity) (State)
PHY or his or use		G A	Haur a, m,	19	While Nat		ctary, street, affice bldg, etc	.)		
Far f				of I ottended the	deceased from	11: 7	10.5% to	11-13 , 195	C that I last	saw the december
Aft Aft Hed			olive on//				- 15 W. 15	A.M. from the couses	mayingt t tost	saw me deceased
TEN The The OR: of the			01146 011			, and that death		ADDRESS (Street, city or lown		DATE SIGNED
ECT by			ACTUAL SIGNATURE	fo	17	طمائد		3 rd st		-14 5
O DE P				The state of the s			.m.v			
TA L			PHYSICIAN'S NAME (Type)							
NE SPI)	27	BURIAL, CREMATIO	N, 226 DATE THEREO	F 22c. N/	AME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town,	ar caunty)	(State)
may hoge		1	Burial Specify	11-16-5	6 Chu	irch of E	rethern Cen		Ridge	Maryland
5 5 0 0		_	FUNERAL DIRECTOR	SIGNATURE		DRESS	a. BEGI	A SW DECKETOAR OU DEC	ISTRAR'S SIGNA	TURE
VS A15 (4) 15M 9/SS	Kei	12	amont	6 tores	167-	Thurmo	nt, Md. DATE (e Vm. 1954 9 6:	D. to. D	1 Hech
	×	. =			1				2	

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BUREAU V. S.

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11341 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

113.04 Reg. Dist. No. / 3

									Made Di	111 110. 7	<u> </u>	
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) o. STATE b. COUNTY Warvland Frederick											
b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Monrovia 50 Years					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Manrovia							
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION					d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO							
3. NAME OF	Fir	37	Middle		Los	ł	4. DATE	Mor	nth	Day	Yeor	
(Type or print)	VIRGIE		REBECCA		GANLE	GANLEY				vember 24, 1956		
5 SEX	6. COLOR OR RACE 7. MAR		IED NEVER MARRIED 3		8 DATE OF BIRTI	DATE OF BIRTH		9 AGE (In years		I YEAR IF	UNDER 24 HRS.	
Female	White	WIDOWI			Februar	y 2,1	885	last birthday) 71 yrs.	Months	Days H	ours Min.	
10a. USUAL OCCUPAT	ION (Give kind of work	done 10b	KIND OF BUSINESS O	R INDUS	STRY 11. BIRTHPL	ACE (State	or foreign o	ountry)	12. CIT	IZEN OF W	HAT COUNTRY?	
Hou	sewife	wife		Domestic		TRY 11. BIRTHPLACE (State or foreign country) Maryland				USA		
13. FATHER'S NAME	13. FATHER'S NAME					14. MOTHER'S MAIDEN NAME						
	Sa	Sara Ellen Meazell										
15. WAS DECEASED EN	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	. 17. II	NFORMANT				lress			
No	(If yes, give wor or dates of a		None		. J. Hic	kman (Ganle	Monrov	ria , I	Maryl	and	
18. CAUSE OF D	EATH [Enter only one co	use per li	ne for (o), (b), and (c).							INTERV	AL BETWEEN	
PART I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o	A	cute co	יטר	uen i	Trel.	- civ	_		ONSET.	AND DEATH	
	DUE TO				0	<u> </u>	~ 3 (•				RECT	
Conditions, if		A	- he -in	0	i	1	art	disea	-	in	VERCE	
gave rise to	immediate		110115	<u>5 C</u>	cero tic	~uc	, W-(-)	m sea	58	10	y cars	
cause (a), statin	cause (a), stoting the under DUE TO								10 Vec			
lying cause last						ر ك				1 a bk	. 10 / 12	
PART II. O	THER SIGNIFICANT CON	אסיזוט	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	VEN IN PART	P	VAS AUTOPSY ERFORMED? S NO 🚺	
20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	VAS UNDERLYING [] IG [] CAUSE OF DEATH IY MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OF	CCURRE	D. (Enter nature o	finjury in P	art I or Par	t ii of item 18.)				
		e 20d B	UURY OCCURRED	20m Pl /	ACE OF INJURY (Mama form	206 (Ctv.					
ZOc. TIME OF INJU	16	While	Not while	foc	clary, street, affice	bldg., etc.) 	or town)	(C	ounty)	(Stole)	
21. I certify	that I attended the	decease	ed from Ser	2. +ر	4 , 1956	to	100-2	LY 10 5%	that I i	ost sow	the deceased	
olive on	Nov. 24	_ 12 5					PM. from	n the couses of				
	2 . 2 .	1	1 0					reel, city or town,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DATE SIGNED	
ACTUAL SIGNATURE	Calit X	<u>. /U</u>	ui dus		M.D. New M				1	1/25/	1956	
PHYSICIAN'S NAME (Type)	Dr. Ralph L.	Mic	hels		Same	as al	ove					
220. BURIAL, CREMATI	ON, 226. DATE THEREO		22c. NAME OF CEME	TERY O				ION (City, town	or county)		(State)	
REMOYAL (Specif	7) 00	Mount Oli			17"	22d. LOCATION (City, town, or county) Frederick			Marvland			
23. FUNERAL DIRECTO		,,,,,	ADDRESS	7.00	COME DEL		BY REGIST		STRAR'S SIG		Tollie	
M. R. Etc	chison & Son	, Fre	ederick, Ma	ryla	and	DATE)U	A 1	56 Jun		KJai	lane.	
		-				100	U CV W	UP JUGG	UMI	10/41	cono	

EUNCAU V. S.

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13 8	!	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11342 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 131												
ssary, please of Page 4 should burial, cremoti	RF.	ACE OF DEATH COUNTY Frederick MAR CITY OR TOWN (II outside corporate limits, write RUPAL and give mercel fours) C. LENGTH OF STAY	2. USUAL RESIDENCE (Where deceased lived If Institution: Residence before admission) a. STATE b. COUNT MCHERY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)											
oy is neces		NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street addre	335 Hilkert Center VES NO ☐											
It ony der the funeral d for you the registra		AME OF First Middle CREASED PVt.George R K 6 COLOR OR RACE 7. MARRIED NEVER MARRIE												
offer death. 2, and 3 to 1 7 be retained and 2 with		Male White WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR ring most of working life, even if settred)	INDUSTRY 11. 8187HPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? Chicago, Illinois USA											
ve Pages 1, 2 Page 5 may File-pages, 1	I	Donald No Gellert VAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO O OF UNINDOWN] Yes	14. MOTHER'S MAIDEN NAME Unknown (deceased) 17. INFORMANT Drivers licence Address											
sm 18. Gi form PM3.		B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Crushed												
pencil in the olong with the burief-trons		Canditions, If any, which pave rise to immediate cause (a), stating the underlying cause last.	ef neck Minutes											
certificate s pending" ir ner's Office be used as a		A. EYTERNAL CALICE WAS ON DESCRIPE HOW INHUEN OCCU	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO REPORTED NO REPORT OF PART II of I tem 18.)											
the word " dical Exami			Car he was in was struck by trail or tractor One PLACE OF INJURY (Home, form, foctory, street, office bldg, etc.) Route 40 Route Md.											
ical Examinate, writing the Chief Me		21. I certify that I took charge of the remains describe death resulted from: Natural causes . Accident	, Suicide , Homicide , Undetermined cause .											
ertific to the	- Lancoval.	EXAMINER'S B.O. Thomas	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER II/10/56											
To Figure 1	20	REMOVAL (Specify) NOV. 12-1956 22c. NAME OF CEMET NOV. 12-1956 ADDRESS	Chicago Illinois 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE											
/S. A15ME(\$ SM 9/SS	1	E, Clinet Son Frederick- Ma	ryland DATE 2 More 1956 Elizabeth & Heck											

INGEVO A' S

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DECEINE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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DECENTED SE

BUREAU V. 3.

1	Ī	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	L	11344 CERTIFICATE OF DEATH Reg. Dist. No.
Poge 4	1.	PLACE OF DEATH COUNTY FREDERICK MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY FREDERICK
Perol Boll.		b. CITY OR TOWN (If autide corporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
hould	-	DINION BRIDGE RURAL YEARS UNION BRIDGE RURAL ON IS RESIDENCE ON A FARM?
d 2 s		OR INSTITUTION JOHNSVILLE JOHNSVILLE YES NOTH
led s	3.	NAME OF DECEASED Type or print) EFFIE SMITH GROSSNICKLE 4. DATE Month Doy Year OF DEATH NOVEMBER 5 1956
ely fil Poge	5.	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS
comple papers.	10	USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Slote or fureign country) 12, CITIZEN OF WHAT COUNTRY?
on bon of I		HOUSEWIFE OWN HOME MARYLAND 48A
of sarb	113.	TACOB SMITH MARY GHEO
physic emave haun	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address RURAL
ding ose r	-	NO 214-34-3802BYERNON GROSSNICKLE UNION BRIDGE 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] [INTERVAL BETWEEN]
atten of the ple of with		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) CEREBRAL THROMBOIS ONSET AND DEATH SCHOOL
bat the		422.1 DUE TO ANTE CARRY MARKET AND ANTE
ned h		gave rise to immediate coese (a), stating the under-
en sign.	z	lying couse lost. (c)
physical physical cost be inferred in physical cost be independent in physical cost between the physical	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES IN DEPT
AN: Ti ending ficate h the bur ar rem	CERTIF	20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part II or Part II of item 18.)
PHYSIC of or all this certification emotion	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. 19 While Not while of work at at wark 1
haspin Affer I led far		21. I certify that I attended the deceased from 1950, ta 5 Nov., 1956, that I last saw the deceased
OR: OB: o bur		alive on H Newscales, 1956, and that death occurred at 10 40 AM, from the causes and an the date stated above. ADDRESS (Street, city or lown, state) DATE SIGNED
OK A		SIGNATURE STORM S. M.D. M.D. 5 NOV 1950
should istrar		PHYSICIAN'S SAMES E. STONER DR. WALKERSVILLE, Md.
o HOS	22	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) BURIAL (Specify) OCT 8-1956 BEAVER DAM FREDERICK CO MD
YS A1S (4) 15M 9/5S	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS
1	-	



VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 b. COUNTY Frederick IS RESIDENCE YES NOTE Month Day Year 19. IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 12 CITIZEN OF WHAT COUNTRY? U.S.A. Address Mt. Airy.Md. INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES INO ID (County) (Stote) 1956 that I last saw the deceased M, from the causes and an the date stated above.

(Stote)

Maryland

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1			MARYLAND STATE DEPARTME	ENT OF HEALTH—BALTIMORE, 18	11310
· 1/			11345 CERTIFICA	TE OF DEATH Reg. Dist	. No. 131
in diameter of the control of the co			LACE OF DEATH . COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived if institution Residence a. STATE Maryland b. COUNTY Fred	before odmission) erick
7	7		RURAL and give nearest lown)	c. CVT+OR TOWN (If outside corporate limits, write RURAL and give	re nearest town)
200	X		rederick-Rural-R.F.D.#2 Years	Frederick-Rural-R.F.D.#2	•
	,		I. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Hope Hill	d. STREET ADDRESS Hope Hill	e. IS RESIDENCE ON A FARM? YES NO
		L	IAME OF ALSO KING WENT AS TRANKLIN	HACKEY OF November	21, Year 1956
		5. :	THE TAX TO SEE THE TA	lost birthday) steeth 5	YEAR IF UNDER 24 HRS
		_		June 10,1000 701 yrs.	
	1	L	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer Farmer	Maryland U	EN OF WHAT COUNTRY?
		13.	ATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1		15	Harry Holling Hackey WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INF	Sarah Elizabeth Hackey	
	5	(Ye	no. or unknown) (If yes, give wor or dates of service)	Frederick,	ReDo# 2, Md.
			18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	Mrs Walter Diggs Hopsolikki	INTERVAL BETWEEN
			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cander was	cular	ONSET AND DEATH
			DUE TO COLOR		(mont)
			Conditions, if any, which) (b)	yell the at fort	The state of the s
			gave rise to immediate cause (a), stating the under-lying cause last.	7	
	*,	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	(a) 19. WAS AUTOPSY PERFORMED? YES NO R
		CERTIFI	20a. ACCIDENT WAS UNDERLYING ACCOUNTED. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part I or Part II of item 18.)	
		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While Not while facto of work of work	CE OF INJURY (Home, farm, 20f (City or town) (Corry, street, office bldg., etc.)	unty) (State)
		-	21. I certify that I attended the deceased from Qcf 10	1957. to 2200. 31, 1957, that I lo	et cour the deconocid
				occurred at 9:05 Paliform the couses and on the	dote stated above.
	1		ACTUAL BOLLONS M.	ADDRESS (Street, city or town, store) D. 228 N. Market St., Frederick, 1	Md. 11/26/56
			PHYSICIAN'S NAME (Type) B.O. Thomas, Sr.	Professional Bldg, Frederick, M	d.
		220	SURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR OF CHIEF OF CH		(State)
		22			
		20.	W.R. Etchison and Son, Frederick, Md.	249, REC'D BY REGISTRAR 246, REGISTRAR'S SIGN DATE 26 May 1951	C. JL . O
		=	Troughton, Wes	DATE DE Mor. 1956 Elizabetto	y. Trech
				0	

HUMINU V. &

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11311 **CERTIFICATE OF DEATH** 11311 Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY o STATE filed **6 COUNTY** MARYLAND Frederick Marvland Frederick deoth. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR FORM (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) D Years Frederick Frederick offer d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO TY 190 West All Saints Street 190 West All Saints Street NAME OF **First** Middle 4. DATE Lost Dov Year DECEASED (Type or print) ALTCE DEATH GERTRIDE HATT. November 19 56 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8 DATE OF BIRTH lost birthdoy) Months Days Hours January 27,1865 9] WIDOWED K Fenale Colored DIVORCED-YES. papers 10a. USUAL OCCUPATION [Give kind of work done during most of working life, even if retired]

10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Housework Home USA oud Marvland carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician g, John Murdock Mary Henrietta Smith remave 15. WAS DECFASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 190 West All Saints Street. Mrs. Mary C. Dorsey, Frederick, Maryland offending No None 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) } INTERVAL BETWEEN ONSET AND DEATH Ð. PART I. DEATH WAS CAUSED BY Naus IMMEDIATE CAUSE (o) **DUE TO** ۵ Ë. any Conditions, if any, which (6) gned gove rise to immediate i Per DUE TO couse (a), stating the underpup lying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 PERFORMED? YES NO KK CERTIFI 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port III of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Day. Year 20d. INJURY OCCURRED 20f (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour a. n. While Not while of work of work D. m. 21. I certify that I attended the deceased fram. 1957, that I last saw the deceased oched and that death occurred at 3:30P.M., from the causes and an the date stated above. alive an det ACTUAL priar Professional Bldg. Frederick Md pine PHYSICIAN'S Dr. James B. Same as above NAME (Type) 220. BURIAL, CREMENTION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Slate) Nov.17.1956 Buria Fairview Cemeterv Frederick, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR M. R. Etchison & Son. Frederick, Maryland 15M 9/55

BUREAU V. S.

NOV 19 1956

1				MARYI	AND STA	TE DEPARTA	NENT OF HEA	ALTH-BA	LTIMORE, 1	8	1121	5
	~	1			11348	CERTIFIC	ATE OF DE	ATH		Reg. Dist.	No.	31
Page sirector	1) 	PLACE OF DEATH o. COUNTY	Frederick		MARYLAND	2. USUAL RESIDENCE OF STATE	CE (Where decess Mar ylar	h COUNTY	H,	before admiss	
ath. erol c be fi		-		(If autside corporate limi	Is, write c. LEN	GTH OF STAY IN 16			porate limits, write R			
fune old h	== >		Sabill:	sville R	ral	40 yrs.		illsvi]	Lle	Rural		
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124 ho		3.	NAME OF DECEASED (Type or print)	Jesse		Middle artin H	arbaugh	4. DATE OF DEATE	Man No	-		reor 19 56
ithir ety f Pog		S	SEX	6 COLOR OR RACE	7. MARRIED [2]	NEVER MARRIED	8. DATE OF BIRTH		9 AGE (In years lost birthday)	Months Do	EAR IF UNDE	R 24 HRS
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com com Pap		10	during most of wo	ON (Give kind of work i rking life, even if retired					country)		N OF WHAT	COUNTRY?
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cion cor cor		"		tin Harban	ıøh			ry Har	paugh			
physic move	, <u> </u>	15		ER IN U. S. ARMED FOR	CES? 16. SOCIAL	SECURITY NO. 17	INFORMANT	- V	Add			h.
ing p			No	(ir jax, give wor or one or s		16-1765	Mrs. Ne	lda Har	rbaugh	Sabi.	llsvil	lle, "d
death cei tending please re iithin 72			,	ATH [Enter only one co	use per line for (a), (b), and (c).]	0			[,	INTERVAL BET	DEATH /
				ATH WAS CAUSED BY: . IMMEDIATE CAUSE (o		any O	celes us	·			5 N.	will
that the aby the air. Then y event v			Kod O.			1				}		
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aw r sicio been brans M, dr		Z	PART II OT	HER SIGNIFICANT CON	DITIONS CONTRIB	UTING TO DEATH BU	T NOT RELATED TO THE	TERMINAL DISEA	SE CONDITION GIV	EN IN PART 1	a) 19. WAS A	UTOPSY
he Phy has has righ-	(CATI										NO 🗌
FAN: Tending ficate the bu		CERTIF	200 ACCIDENT WOR CONTRIBUTING	AS UNDERLYING TO CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE HO	OW INJURY OCCURR	ED. (Enter nature of inj	ury in Part 1 ar Po	ort 11 of item 18.)			
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iospi ospi offer ed fo		Т	21. I certify t	hat I attended the		70-0			19-1-E			
the h			alive on	llau 6	- 12 x /	., and that deat	h occurred at <u>S</u>		m the causes of Street, city or tawn.			d above.
or At At Internation to the de			ACTUAL	Laboret A.	144	77 14	M.O. Blue	Relie	1 mm	Pa.	6 n	m + 6 .
should			PHYSICIAN'S NAME (Type)	Dr. Robe	rt A. K	iefer	er op					
HOSP TO be FUNES	,	27	BURIAL, CREMATION)F 22c. N	AME OF CEMETERY	OR CREMATORY	22d. LOC	ATION (City, tawn, o	ar county)	(State	1)
TO HO may to Fun Poge		-	urial	11-9-56			Cemetery		urmont,			
VS A15 (4)	1773	23	FUNERAL DIRECTO	1 9 -10.		DDRESS	11.1	2 2 1 7 6	STRAR 36. REGIS	STRAR'S SIGN	ATURE	
15M 9/55	1.	L	arjinov.	The Cont	eary 67	Thurmo	nt, Md.	TEJ V	- Nr	s=/ N	- AGEN	10
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1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
			11312 CERTIFICATE OF DEATH Reg. Dist. No. 131
Poge 4 director, led with		τ	PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE O. S
death: meral d be fi			b. CITY OR JOHN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
rs offer by the fu 2 shoul			d. STREET ADDRESS OR INSTITUTION ON INSTITUTION ON A FARM?
24 hour			NAME OF Lost 4. DATE Manth Day Year OF
within etely fill Poge:			SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years lest birthdoy) Months Days Haurs Min
comple popers	/ -	100	a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY?
e be ex an and carban ofter de	1) 13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
rtificat physici emove hours		15 (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT N. no. or unknown) (If yes, give wor or duries of service)
eath ce ending lease re thin 72	٥	-	18. CAUSE OF DEATH [Enter only one cause per lines for (a), (b), and (c).] INTERVAL BETWEEN
the off Then p			PART I. DEATH WAS CAUSED BY. THE TO STAND DEATH TO 2.0 DUE TO ONSET AND DEATH SESSIE LIE TO ONSET AND DEATH SESSIE LIE TUE THE TO STAND DEATH ONSET AND DEATH SESSIE LIE TUE THE TO STAND DEATH ONSET AND DEATH SESSIE LIE TUE THE TO STAND DEATH ONSET AND DEATH SESSIE LIE TUE THE TUE TH
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required sign		Z	Casse (a), storing the under- lying cause last. (c) Part 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
The lo phys hos be uriol-tr	3	FICATION	PERFORMED? YES NO
CLAN: otherdin tufficate s the b		AL CERTI	OR CONTRIBUTING EL CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSI tal or of this cer or use of		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour o. m. p. m. 19 Of work arm of work.
NDING e hospi : After ched fo			21. I certify that I attended the deceased fram. 11/14, 1956, to 11/14, 1956, that I last saw the deceased alive on 11/14, 1956, and that death accurred at 8:/3PM, from the causes and an the date stated above.
R ATTE	,		ACTUAL SIGNATURE AMUSB. Thomas, M.D. Frederick, W.d. 11/16/56
should strar			PHYSICIAN'S TAMES B.Thomas Frederick mel
moy be of FUNE	n 1		REMOVAL (Specify) TO DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY TO BURIAL CREMATORY 22d. LOCATION (City, fown, or county) (Stole) TO DEPTHEE DEPTHE
VS A15 (4) 15M 9/SS			FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Md. ADDRESS DATE 16 My 1956 PLANT OF THE PROPERTY OF THE PRO
		2	069201XV4

EUNEAU V. S.

NOV 19 1636.

Rea. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY rederick c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Month Year November 19 56 9. AGE [In years IF UNDER I YEAR IF UNDER 24 HRS Months Days Hours 12 CITIZEN OF WHAT COUNTRY? Address Smithsburg. Md. NIERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO IN (County) (State) 1956, that I last saw the deceased ..., and that death occurred at 12:55 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 22d. LOCATION (City, town, or county) (Stote) Wolfsville .Fred .Co. 24b REGISTRAR'S SIGNATURE Myersville. Md

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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BUREAU V. S.

			MARYL	AND STA	TE DEPART	MENT	OF HE	ALTH-B	ALTIM	ORE, 11	3		
				11318	CERTIFI	CATE	OF DE	ATH			Reg. Dist. N	113	<u>21</u>
		COUNTY	FREDER	ICK	MARYLAN			ARYLAND		. If institution b COUNTY	FREDE		sion)
(15,		RURAL and give	(If outside corporate limit nearest town) REDERICK	s, write c. LE	ogth of stay in 1	b c		DERICK	corporate li	mits, write RU	RAL and give	neorest fow	n) /
*		OR INSTITUTION	HOME FOI		_		STREET ADD		cord				SIDENCE ,
	1	NAME OF DECEASED Type or print)	Fin EL:		Middle NEY MAYN	ARD	Last	4. DA		Month OVEMBE		Day	Yeor 1.56
	5 5	Female	6. COLOR OR RACE White	7. MARRIED WIDOWED K	NEVER MARRIED [8. DA1	TE OF BIRTH	1867	9 AC los 89		F UNDER 1 YE.		ER 24 HRS
,	10a	during most of we	ON (Give kind of work durking life, even if retired)		of Business or In	DUSTRY 1	Libe		ign country		12. CITIZEN	OF WHAT	COUNTRY
S OIL	13.	FATHER'S NAME	JOHN DOWNE			14	MOTHER'S MA						
	15. (Yes	WAS DECEASED EV	ER IN U. S. ARMED FORE	rvice) 16, SOCIA		MRS		e Kefau	VER	Addre HOMI	E FOR T	HE AG	ED.
E. WITHIN			ATH (Enter only one con ATH WAS CAUSED BY: IMMEDIATE CAUSE (c)		o), (b), and (c),]	0.00	line	Fail	url		0	NTERVAL BE	DEATH.
duy eye		Conditions, if	DUE TO	arti	rio-S	Air	stee	hear	td	Dr.		Lus	11.
		gove tise to couse (o), stating lying couse fast	the under DUE TO									1	
0	CATION	PART II. O	THER SIGNIFICANT CON	DITIONS CONTRI	BUTING TO DEATH	BUT NOT R	RELATED TO TH	SE TERMINAL DI	SEASE CON	DITION GIVE	N IN PART I (o	19. WAS PERFO YES	DRMED?
	CERTIFI	200, ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIF	AS UNDERLYING A G CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DESCRIBE I	OW INJURY OCCU	RRED. (Ent	er nature of in	ijury in Port I o	r Part II of	item 18.)		1	
	MEDICAL	20c. TIME OF INJU Hour o. fr. p. m.	10	While N	OCCURRED 20e.	PLACE OF	F INJURY (Hon treet, office blo	ne, form, 20f. dg., etc.)	(City or to	wn)	(Count	7)	(State)
		21. I certify I	hat I attended the	deceased fro	om 1952 , and that de	ath occ	1.0	10.21NO	1 U.		that I last		
5 g		ACTUAL SIGNATURE	iales H	Corl	24.		Pro		SS (Street, o		Che		ATE SIGNED
strar privar		PHYSICIAN'S NAME (Type)	DR. CHAR	LES CON	IELLY JR.		Fre	lerie	e,	mo	20		
(C)	220	BURIAL CREMATI	NOV . 23		NAME OF CEMETER		MATORY	22d. <u>1</u> 0	REDER	TCK". or	county) MAF	YLNND	e)
1			FUNERAL HOM	Wailin	FREDERIC	k, M	M	IO. REC'D BY RE	GISTRAR 1957	24b. REGIST	RAR'S SIGNAT	URE 1	ech
1		DYTHEF. O	TOWERS HOM		PREDERIL	TI CIL	D/	ATE I 3 Nov	1956	Zina	Lilly 5	1 4	ech



VS. A15ME(5)

5M 9755

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11348 MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11323 738

Reg. Dist. No.

	1. PLACE OF DEATH			2. USUAL RES	DENCE (Where dec	eased lived. If institu	stion: Resider	nce before adm	ission)
	a. COUNTY	Frederick	MARYLAN	G. STATE	Marylan	d b. COUNT	Y Free	derick	
4	b. CITY OR TOWN (IF	outs-de corporate limits, write RURA	c. LENGTH OF STAY IN 1	c. CITY OR	TOWN (If outside o	orporate limits, write	RURAL ond	give negrest to	wn]
X	Barthol		1/1-6	Bar	tholows	Monros	ria R	T.G.T.	7
9			in hospital, give street address)	d. STREET A		- DIVALL V.	_d_50cd_b_d	e. 15 R	ESIDENCE
									A FARM?
	3. NAME OF DECEASED	First	Middle	Lost	4. DATE	Mont	h	Day 1	Year
	(Type or print)	John	R M	oleswort		H Novem	ber .	I 3 1	19 56
	5. SEX	6. COLOR OR RACE 7- A	MARRIED T NEVER MARRIED	8. DATE OF BIRTH		9, AGE (In years fast birthday)	IF UNDER 1		ER 24 HRS.
	Male	White wir	DOWED DIVORCED	Sept.	9 1884	72 yrs.	Months D	Days Hours	Min.
	10a. USUAL OCCUPATIO	N (Give kind of work done	TOB. KIND OF BUSINESS OR INDE	STRY 11. BIRTHPLA	ACE (State or fareign	country)	12. CITIZ	EN OF WHAT	COUNTRY
	Farmer	g, o-a x ramou,		F	rederick	Co.	U,	S.A.	
	13. FATHER'S NAME	*****		14. MOTHER'S I	MAIDEN NAME				
	John A A	lolesworth		Anna	M Clay				
		ER IN U. S. ARMED FORCES		. INFORMANT		Address			
	4	4-		Thomas (Molesw	orth Mt	Airy	R.F.D	3
	18. CAUSE OF DEAT	TH Enter only one couse pe	r line for (o), (b), and (c).					INTERVAL BETWO	EEN ATM
		H WAS CAUSED BY: IMMEDIATE CAUSE (6)	Coronary	Thrombos	នាំន			Minu	,
	×	DUE TO						44.4.4	D. C. E.
	Conditions, if a		Diabetus					5 ve	ars
	gove rise to Immed (o), slating the u								
	couse jost.	(c)							
	PART II. OTH	ER SIGN FICANT CONDITIO	INS CONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMINAL DISE	ASE CONDITION GIV	EN IN PART		AUTOPSY DRMED?
	TA .							YES 🗍	NO X
	PART II. OTH 200. EXTERNAL CAL PRIMARY OF CON CAUSE OF DEATH.	SE WAS 206. DE	SCRIBE HOW INJURY OCCURRED.	(Enter nature of inj	ury in Part I or Port	II of item 1B.)			
	20c. TIME OF INJUST	Y Month, Day, Year		LACE OF INJURY (Hactory, street, office	ome, farm, i 20f. (C	ity or town)	(Coun	nty)	(State)
	Hour o.m.	19	While Not while of work of work	sciory, sineer, cirica	arog., erc.,				
	21, I certify th	at I took charge of	the remains described at	bove, held an	Autopsy ,	Inspection [X],	Inquiry	X, and	find that
	death resulted	from: Natural caus	es 🗵, Accident 🗍, S	vicide . Ho	omicide 🗍,	Undetermined of			
		- T	.—						
	ACTUAL SIGNATURE	BOLL	22200	M D CHIEF MI	EDICAL EXAMINER	3		DATE !	SIGNED
				100	IT MEDICAL EXAMI				
	EXAMINER'S NAME (Type)	B.O. Thomas	8	DEPUTY /	MEDICAL EXAMINER	IN O	vembe	EL 10.	29.5
	22a BURIAL CREMATIO	N, 226. DATE THEREOF	22c. NAME OF CEMETERY (OR CREMATORY	22d, LOC	CATION (City, town,	or county)	(Stot	e)
	BURIAL (Specify)	11-15-5	6 PROVIDE	NCECE	METERY	KEMPT	own	1 1	117
	23. FUNERAL DIRECTOR	SSIGNATURE	ADDRESS		24a. REC'D BY REGI	STRAR 246. REGI	STRAR'S SIGN	NATURE	-
	(N- 8	· Falcore	er Kew War	Bex- XId	DATE / /- /4	1-56 Jus	mik	talle	nus

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BUREAU V. S.

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	11320 CERTIFICATE OF DEATH 11324
I director,	1. PLACE OF DEATH a. COUNTY TILderick MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Tuderick
funeral funeral	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Leaderick C. LENGTH OF STAY IN 1b C. CPPOR TOWN (If outside corporate limits, write RURAL and give nearest town)
2 sho	d. NAME OF HOSPITAL (If not in haspitol, give street address) OR INSTITUTION LILA, MEMORIA, Haspital d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\text{NO } \text{NO } \text{Z}
filled ges	3. NAME OF DECEASED (Type or print) FIRST Middle Lost 4. DATE Month Day Year OF DEATH DAY 1956
Po	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED DIVORCED P. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Ost birthdoy) Months Days Hours Min. WIDOWED DIVORCED P. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Ost birthdoy) Months Days Hours Min. Ost birthdoy) Months Days Hours Min.
nd completion pages.	10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY:
offer of the	13 FATHER'S NAME
ng physicion remove car 72 hours oft	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address W. Mapoleon W. Mary give wor or dates of service) W. Mapoleon W. Male. Le Green M.
attending please ra within 72	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: CON CESTIVE AND DEATH ONSET AND DEATH
by the c. There y event	IMMEDIATE CAUSE (a) COLT GESTIVE IVI VOCAR DITE TATEORE / MONT!
igned i	Conditions, if any, which gave rise to immediate cause (a), stating the under the state of the under the state of the under the state of the under
Pricion Permit Pransit val, and	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED?
ading pl	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18) UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18) UNDERLYING ACCIDENT WAS UNDERLYING 10c. CONTRIBUTING 10c. CONTRIBUT
of or after his certific use as th emation, o	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED At work at work at work at work (State)
haspin Affer t thed for mial, cr	21. I certify that I attended the deceased from 1 Marc, 1956, to 11 Mov, 1956 that I last sow the deceased alive an 11. Nav, 1856, and that death accurred at 9454M, from the causes and an the date stated above
ECTOR: ECTOR: or to bu	alive an 1256, and that death accurred at 943 AM, from the causes and an the date stated abave. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE M.D. ACTUAL SIGNATURE ADDRESS (Street, city or town, state)
Should b	PHYSICIAN'S WALKERS VILLE MA
or FUNE Poge 3 sh the registr	220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. ACCATION (City. town, or county) (State) REMOVAL (Specify) Review 10, 13, 1956 Oak Hill Country 22d. ACCATION (City. town, or county) 22d. ACCATION (City. town, or county)
S A15 (4) \\ 2\\	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE 15 Way 1956 Elice V. T. S. H. C. A.
Y X	The state of the s



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BUREAU V. S.

,			MARTLAND STATE DEPARTMENT OF HEALTH-DALTIMORE, TO 11325
4 04		L	: 11349 CERTIFICATE OF DEATH Rog. Dist. No. 131
with	-	1	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived 1f institution: Residence before admission) a. COUNTY a. COUNTY
I dire	R.B		a. COUNTY Trederick. MARYLAND a. STATE M. COUNTY Trederick
eral be f	M	Г	b. CTT OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) RURAL and give nearest town)
de de	V.		Rural Frederick 5 weeks Rural Thursmout
fler hav			d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
2 20	19 1		OR INSTITUTION TO A FARM? YES I NO ID
bot 1		3	NAME OF First Middle Lost 4. DATE Month Day Year
Her Ilea			DECEASED (Type of print) MINNIE ELIZABETH NICHOLS DEATH NOV 9 1957
thin thin to be so		5.	SEX 16 COLOR OR RACE 17. MARGING TO NEWEY THAT OF RIGHT 19. AGE IID WOOTS IF UNDER 1 YEAR IF UNDER 24 HRS
E de K			J WIDOWED DIVORCED A Oct. 10 1875 lost birthday) Months Days Hours Min
ofect and ber h.		100	USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
d car	,		Housewell working life, even if retired) Housewell was Rome maryland WSA
ian and carbon	X	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
physician mave car bours aft			Ephraine Baker Willia Wingham
physici mave hours		15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address
g P	g	111	no. or unknown) [If yes, give wor or dates of verrice] - mrs. Line Eulane III.
ndir hin			18. CAUSE OF DEATH [Enter only one cause per line for, (o), (b), and (c).]
wit wit			PART 1. DEATH WAS CAUSED BY: Chronic mufacandition ONSET AND DEATH
t the			4220 DUE TO
# 140 × 4			Conditions if any which \
ires ned erm			gave rise to immediate
signing of the party of the par			cause (a), stating the <u>under-</u> lying cause last. (c)
sicio seen rans		N	PART II. OTHER-SHENIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
phy as to iol-t	0	CATION	Caralysis agitaus
ing te h		E	20g. ACCIDENT WAS UNDERLYING DE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
IAN Fico fico the		CERTI	OR CONTRIBUTING I CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)
r offi certion		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slate) Hour e. st.
his one		MED	P. m. 19 While Not while of work of wo
Spit For I			21. I certify that I attended the deceased from CCV , 19, TC, to 127 7, 19, TE, that I last saw the deceased
A Person			alive on 707 12 16, and that death occurred at 1-3-M, from the causes and on the date stated above.
o b		П	ADDRESS (Street, city or Jawn, state) DATE SIGNED
d b	1		ISIGNATURE TYTELLICE MO. Traduces hed. Nor 165%
O I I	- 1		BUVENIANTE À LIMIT / .
E E E E			PHYSICIAN'S H.F. KLINE
HOSPITAL Idy be real FUNE Oge 3 sb.		220	BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
may to FUN			Durial 11/156 M. Olivet Frederick met.
2 2		23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/55	19		9. C. Barton Walkersmille, mr. DATE 4 Mr. 1954 Elizabeth & touch



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VS A15 (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Rea. Dist. No. 6. COUNTY Frederick

2 USUAL RESIDENCE (Where deceased lived. If institution, Residence, before, admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO T Month Day Year 19 9. AGE (In years HE UNDER 1 YEAR IF UNDER 24 HRS Months Davs Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address Olden.Frederick.Maryland

INTERVAL BETWEEN ONSET AND DEATH 740.

PERFORMED? YES NO D

(County) (State)

. 19 C. that I last saw the deceased and that death occurred at 4 DM, from the causes and on the date stated above.

ADDRESS (Street, city or town, state)

(State)

24a. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE

Brunswick, Maryland

BOKEVO A.

JECEINEL

STEERU V. S.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (* outside corporate limits, write RURAL and give nearest town) RURAL and-give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) IS RESIDENCE OR INSTITUTION ON A FARM? 6 YES NO NAME OF First DATE Middle Year Day DECEASED (Type or print) DEATH 19 < 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED AGE (In years lost birthday) Days Hours WIDOWED J DIVORCED YES USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTAPLACE (State or foreign country) 12 CITIZEN OF WHALLOUNTRY? during most of working life, even if religed) grakinau- $E \times U_1 T I_1$ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO INFORMAN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO PART II. OTHER SIGNLEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19, WAS AUTOPSY PERFORMED? No II 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING | CAUSE OF DEATH

Conditions, if ony, which gove rise to immediate cosse (o), stating the underlying couse lost.

and that death occurred at 4 3

(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Doy, Month, Year

20d. INJURY OCCURRED While Not while

20e PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)

5. SEX

Hour a. m of work of work p. m. 21. I certify that/! attended the deceased from

(State) (County)

that I last saw the deceased بع الروا

alive on... ACTUAL SIGNATURE

PHYSICIAN'S NAME [Type]

22b. DATE THEREOF 220 BURIAL CREMATION.

22c. MAME OF CEMETERY OR CREMATORY

22d-LOCATION (City, town, or county)

ADDRESS (Street, city or town, state)

(Stote)

ELIMERAL DIRECTOR'S SIGNATURE

ADDRESS

24a, REC'D BY REGISTRAR

DATE

246 REGISTRAR'S SIGNATURE

AM, from the causes and on the date stated above.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

.11352 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 1330

-	1. PLACE OF DEATH 0. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
П	Frederick MARYLAN	FIEGETICK
41	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negret fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Adamstown F.R.D I. 2 vrs	Adamstown, F.R.D.I.
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. Street address o. IS RESIDENCE ON A FARM? YES 🔼 NO
	3. NAME OF First Middle (Type or print) Linwood Samuel	Price 4. DATE Month Doy Year Price DEATH November II 19 56
	5. SEX Male 6. COLOR OR RACE White Widowed Divorced	8. DATE OF BIRTH Dec. 9, 1915 9. AGE (in years last birthday) 4 T yrs. Substitution 15 UNDER 19EAR 15 UNDER 24 HRS.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Employed farm hand	STRY 11. BIRTHPLACE (Stote or foreign country) Frederick Co. 12. CITIZEN OF WHAT COUNTRY? U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Lawerance Price 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yos, no, or unknown) 1 (H yos, give ver or defec of service)	Georgia Turner MFORMANT Address
Į	218-30-4999	Mne Linwood Price Adomator Ma
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Mrs Linwood Price, Adams town, Md
1	PART I. DEATH WAS CAUSED BY I IMMEDIATE CAUSE (a)	of Herombours Vahr
Ī	44 × U , / DUE TO	
-1	Conditions, if ony, which) (b)	
1	gove rise to immediate couse (a), stoting the underlying DUE TO	
-1	couse last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 201 CAUSE OF DEATH.	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		(Enler nature of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year Hour o, m. 19 Chilled Not while for the work of work 19 Children work 1	ACE OF INJURY (Hame, form, ctory, street, affice bldg., etc.) 20f. (City or fown) (County) (State)
	21. I certify that I took charge of the remains described ob	ove, held on Autopsy 🔀 , Inspection 🛂 , Inquiry 🔼 , and find that
	deoth resulted from: Notural causes X, Accident , S	uicide 🔲, Homicide 🔲, Undetermined couse 🔲.
	ACTUAL SIGNATURE BOTHOMAS	M.D. CHIEF MEDICAL EXAMINER [
	EXAMINER'S B.O. Thomas	ASSISTANT MEDICAL EXAMINER November 12,1956
	ZZO. BURIAL, CREMATION, ZZb. DATE THEREOF ZZc. NAME OF CEMETERY C	
	Nov 15-56 Monocacy	Beallsville, Maryland
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	William 13/4 Olore Darnesul	lo Wed DATE 1/3/56 of the special blight
		bly tecks for diff

VS. A15ME(5) 5M 9755

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1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4 5%			. 11353 CERTIFICATE OF DEATH Reg. Dist. No. 1331
Poge I directo	/ 53	1	PLACE OF DEATH O. COUNTY Trederick MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) b. COUNTY Fudince Haryland
death unero	1	-	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITT OR TOWN (If outside corporate limits, write RURAL and give nearest town)
rter o	18,14	H	Chiral - Walkersalle 15 Ws. Rural - Walkersalle d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. 15 RESIDENCE c. 15 RESIDENCE
ours o	Int	L	YES OF NO
filled ges 1		L	NAME OF First Middle Lost 4. DATE Month Day Year OF DECEASED C. Type or print) CLARENCE WALTER REDDICK DEATH Nov. 2 1956
d with oletely rs. Pop		5. :	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18 DATE OF BIRTH 9 AGE (In years IF UNDER 24 HRS lost birthday) Months Days Hours Min
d camp n popel	1	100	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY/
0 000	- 1	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
physicion smove cor bours aft		15	Otra R. Reddick. Jaura Valeritus. WAS DECEASEDEVER IN U. S. ARMED FORCES? [16, SOCIAL SECURITY NO.] 17, INFORMANT
ath certi nding ph tase rem nin 72 ba	0	(Ye	10. of whiteman 1 (If you give wer or dodes of service) This Rose Reddick unlkersnille md.
후 호등표			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
the att			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO ONSET AND DEATH 5 days 4 2 2 1 DUE TO
by I			Conditions, if any, which) on attendance level CVA
equires in signed it perm			gove rise to immediate couse (a), stating the under-lying couse lost.
ysicia been been trans		NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
The g ph hos vrial		CERTIFICATION	YES TI NO TI -
Hendin ifficate ifficate ifficate ifficate			20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II or Part II of Item 18.)
PHYSIA lal ar a this cert r use as		MEDICAL	20c. TIME OF INJURY Month, Day, Year Month, Day, Year Hour a. pt. Hour a. pt. p. m. 19 20d. INJURY OCCURRED While Not while at work of two work of
daspii firer firer ed fo al, cr			21. I certify that I attended the deceased from 26 Oct., 1956, to 2 Nov., 1956, that I last saw the deceased
TEND The h Toche			alive on 12.56, and that death occurred at 10.55AM, from the causes and on the date stated above.
OR ATT ined by DIRECTO Id be de prior fa	1		ACTUAL SIGNATURE SERVED M.D. Walfremille, Med 3 No. 45 165
shau stror			PHYSICIAN'S DAMES E. STONER JR
may Dege 3		220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, lown, or county) (Slote)
TO FU		23.	Burial 11/5/56 Chapel Mr. Liberty Town md
VS A15 (4) 15M 9/55		2	ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE LC. Barton Walkerwille Mil Date 5 hor 19 of Elin J. T. G. H.
			Maria

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1			MARTLAND STATE DEPARTMENT OF HEALTH—BALTIMOKE, 18	11334
N SE			11393 CERTIFICATE OF DEATH Reg. Dist	1. No. 3
Page director	,	1. [LACE OF DEATH COUNTY FRECHEICK MARYLAND 2. USUAL RESIDENCE (Where decegned lived If institution Residence b. COUNTY B. COUNTY CO	before admission)
death:			CITY OR IOWN (If outside corporate limits, write RURAL and greened give neglect town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN III outside corporate limits, write RURAL and greened give neglect town)	ve nearest town)
rs offer the f	ath a st		J. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION RECRICK DEMORIA A HOSPI	e 15 RESIDENCE ON A FARM? YES NO D
24 hou	pii		NAME OF SECENSED Type or print) ANA Middle Last 4. DATE OF OF DEATH OF D	Day Year
ihin ly fil		S. 3	THE CONTROL	YEAR IF UNDER 74 HRS.
d wi		F	emale white widowed Divorced November 13/9/1 40	Days Hours Min.
execute and cam an pope death.		100	USUAL OCCUPATION (Give kind of work done done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) May/and	ZEN OF WHAT COUNTRY
ician or e carba		13.	PATHER'S NAME LON TRESTON SAXON 14 MOTHER'S MAIDEN NAME (2 A DEH)	- ClARK
certificating physicial remaye of 72 hours.			WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT On or unknown] Ill yes, give wor or dotes of service The other frequency of the control of service	R+#1
eath endir eose thin			19. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
o atte			PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Premotant	ONSET AND DEATH
of the The			DUE TO	
es Th			Conditions, if any, which (b) (b)	
quir igne d'in			case (a), stoting the under-	
w re ician een i ansil		NO O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	I(a) 19 WAS AUTOPSY
phys phys has by rial-tr	P	S		1(o) 19 WAS AUTOPSY PERFORMED? YES NO
tending ificate I the bu			200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)	
PHYSIC of or of his cert use as emotion		MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour a. m. p. m 19 O1 work o	ounty) (State)
No spit fer t d for			21. I certify that I attended the deceased fram. 13 Nov., 1956, to 14 Nov., 1956, that I to	ost saw the deceased
R: Al			alive an 14 Nov 1956, and that death accurred at 1250, from the causes and on the	
RECTO be detailed to			ACTUAL RLG Wash M.D. ADDRESS (Street, city or town, state)	DATE SIGNED
stror			PHYSICIAN'S R. L. GUEST 7E. Church St. FREDER	ick, Md
may be page 3 y page 3 y		220	BURIAL CREMATION: 226. DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY 226. LOCATION (City, town, or county) REMOVED (Specify) 17 Nov 1956 Mount Olivet Cemetery Frederick, Maryland	(Stote)
5 5 g =		23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 246. REGISTRAR S SIGN	
VS A15 (4) 15M 9/55		_	M. R. Etchison and Son, Frederick, Maryland DATE Letter 19:4 Chial t	light ech
		2	064305XVI	,



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11357 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 6. COUNTY O. STATE b. COUNTY MARYLAND h. CITE OR TOWN III outside corporate limits, wide RURAI c. LENGTH OF STAY IN 16 c. CITT OR TOWN (If outside corporate limits, write RURAL and give negrest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES IN NO NAME OF Middle 4. DATE Month Day Year DECEASED (Type or print) 2-722222 DEATH 1122 ml 201956 6. COLOR OR RACE 7. MARRIED 7 4NEVER MARRIED 7 8. DATE OF BIRTH C 5. SEX 9. AGE In years IF UNDER TYEAR IF UNDER 24 HRS. lost berthday) Months Min. -WIDOWED 17 DIVORCED. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, every if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME poges 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY 12 mortes. IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which] gove rise to immediate couse DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19, WAS AUTOPSY PERFORMED? YES 🗍 NO X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PR MARY D or CONTR BUTING D CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not while o. m. of work of work p. m. 21. I certify that I took charge of the remains described obave, held an Autopsy , Inspection , Inquiry , and find that death resulted fram: Natural causes X, Accident , Suicide . Hamicide . Undetermined cause to the Chie DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER IX NAME (Type) 220. BURIAL CREMATION 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) 6 23. FUNGERAL DIRECTOR'S SIGNATURE ADDRESS /246. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE **YS. A15ME(5)** 5M 9/55

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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 113	39
+ Je ()		11358 CERTIFICATE OF DEATH Reg. Dist. No. 13	
Page	ALE CLOSE OF	PLACE OF DEATH o. COUNTY ROUTE # 5. MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmin o. STATE MARYLAND b. COUNTY FREDERICK	
death: unerally Id be		b. CPTOR TERM (If outside corporate limits, write RURAL and give nearest low RULLE # 5, FREDERICK	rm}
rs after py the (2 should		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION ON ON	SIDENCE A FARM?
24 hou	Ī	NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) NAME OF DEATH MONTH Day DEATH NOVEMBER 30	Year 1956
l within etely fi		SEX 6. COLOR OR RACE 7. MARRIED S. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNIT Interest Interest	DER 24 HRS.
executed and cample of papers death.		o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) G. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) Frederick County Md. U. S.	
e be		FATHER'S NAME EDWARD LEVIS STUP 14. MOTHER'S MAIDEN NAME VICTORIA WICKHAM	A.e
g physical remove		. WAS DECEASED EVER IN U. S. ARMED FORCES? I6. SOCIAL SECURITY NO. 17. INFORMANT Address III yes, give wer or dates of service) NONE PAUL STUP, SHOOKSTOWN	
ow majorites that the death sicion. seen signed by the attendintransit permit. Then please it, and in any event within		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause (b) Lying couse (o), stating the under- lying couse (ost.)	AUTOPSY
CLAN: The littending phy ifficote has the burial-last the burial-last o, ar remova		20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II or Port II of item 18.)	NO [
to or of this certification of the trace of			(Slate)
od by the hospi ed by the hospi RECTOR: After I be detached for rior to burial, c	5	21. I certify that I attended the deceased from 7/10, 19.57, to 11/30, 19.56, that I last saw the alive on 11/25, and that death occurred at 70 M, from the causes and on the date state ADDRESS (Street, city or town, state) ACTUAL SIGNATURE M.D. 22	decease led above ATE SIGNE
PITAL ain B snauld gistrar p		PHYSICIAN'S L. R. SCHOOLMAN MD. 228, N. Market. St. Frederick	Md.
o HOS may b o FUN page		O. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY BURIAL Dec. 3. 56. ROCK SPRINGS FREDERICK CO. MD.	ie)
VS A1S (4) 15M 9/55		PUNERAL HOME FREDERICK. MD. DATE 3 Dec. 1956 Charles	tech

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**	1. F	LACE OF DEATH	Tl 3				2. USUAL RESIDENCE (d lived. If Institu		
1	-	CITY OR TANKS		erick	15100	MARYLAND	lv_ct ±	yland		Pien	erick
	"	ond give nearest lown)	- M		c. LENGT	TH OF STAY IN 16	c. CITY OR TOWN (I		orote limits, write	KUKAL and give	neorest town)
71		NORT BOE		KEDERI	hountry alva	urno	d. STREET ADDRESS	LICK			a. IS RESIDEN
1		Freder	ick	10	10/1A	1 11 .	163 W.A	11 Sa	int St.	•	ON A FAR
		NAME OF DECEASED Type or print)	- juk	_{Fint} John		Middle Th	omas Sr.	4. DATE OF DEATH	Novemb		y Year 19 5
	5. S					VER MARRIED 8	DATE OF BIRTH		P. AGE (In years last legitle)	Months Days	R IF UNDER 24 Hours Min.
		Male		oredvibo		DIYORCED [19187/		yrs.		
1	10a.	usual occupation uring most of working Laborer	N (Give kind o g life, even if	af work done 10 retired)	6. KIND OF BU	ISINESS OR INDUST	RY 11. BIRTHPLACE (Stote	or foreign co	untry)	12. CITIZEN C	A.
	13.	FATHER'S NAME	ghn i	Henre,	1 The	mas	14. MOTHER'S MAIDEN I	NAME C-C	you	ne	
	15. IYes.	WAS DECEASED EVE	ER IN U.S. AR	MED FORCES?	16. SOCIAL SE	CURITY NO. 17. II	FORMANT		Address	0	
4		No	(1.) 2.1 3.1 10.0		217-16	-2327 G	FASE /	boma	c-16:	3 W. A	LL SA,
		18. CAUSE OF DEAT	M [Sutas only	ana coura par l	for tol 161	and (a)]				INT	ERVAL BETWEEN
					um tot fol' fol'	ond (cf.)				O N	ISET AND DEATH
	Н	PART I. DEAT	H WAS CAUSE	ED BY:			from runtu	red 1	iver	0.14	13 day
		PART I. DEAT	H WAS CAUSE	ED BY:			from ruptu	red 1	iver		
		Conditions, if an	H WAS CAUSE IMMEDIATE CA Iny, which	ED BY: AUSE (a)			from ruptu	red 1	iver		
			H WAS CAUSE IMMEDIATE CO Try, which	ED BY: AUSE (a)			from ruptu	red 1	iver		
	CATION	Conditions, if an gove rise to immed (o), storing the browse lost.	H WAS CAUSE EMMEDIATE CA iny, which liole cause Inderlying	ED BY: AUSE (o) DUE TO (b) OUE TO	Hen	orrhage.	from ruptu				19. WAS AUTO
	5	Conditions, if an gove rise to immed (o), storing the browse lost.	H WAS CAUSE IMMEDIATE CA	ED BY: AUSE (a) DUE TO (b) DUE TO (c) NT CONDITIONS	Heads	OTTHREE.	IOT RELATED TO THE TERM	INALDISEASE	CONDITION GIV		19. WAS AUTO
	t CERTIFI	Conditions, if an gove rise to immed (o), storing the acouse lost. PART II. OTH 20a. EXTERNAL CAU PRIMARY Pro CON CAUSE OF DEATH. 20c. TIME OF INJUR.	H WAS CAUSE MMEDIATE CA ny, which liole couse underlying HER SIGNIFICAL ISE WAS UTRIBUTING	ED BY: AUSE (a) DUE TO (b) DUE TO (c) NT CONDITIONS AU PS: /976	Henry CONTRIBUTION RIBE HOW INJ TOMOD M. INJURY OCH	OTTHESE. IG TO DEATH BUT N URY OCCURRED. (E ile acci CURRED 120e. PLAN	IOT RELATED TO THE TERM	t 1 or Part 11 o	CONDITION GIV of item \$8.) or town)		19. WAS AUTO PERFORMED YES NO
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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
6 g		: 11327 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 1341
should cremot		PLACE OF DEATH O. COUNTY Prederick MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) O. STATE Maryland D. COUNTY Frederick
Page /		b. CITY OR TOWN (If outside corporate limits, write RURAL ond give negrest town) ond give nearest town) Frederick, R.F.D 6 c. LENGTH OF STAY IN 1b Near Pearl (Rural)
is necestor.		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
o to		Frederick Memorial Hospital Frederick, Md.
any da funeral r you regista		Of the November 5 19 56
h. If no the hord for the the		5. SEX 6. COLOR OR RACE 7. MARRIED 1 B. DATE OF BIRTH Female Colored Widower Divorced July 1918 - 3 9. AGE (in years Funder 17EAR Funder 24 Hrs. Months Days Hours Min.
ond 3 to be retoil	- <	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) Laborer Domestic 12. CITIZEN OF WHAT COUNTRY? U.S.A.
1, 2, moy b	I ·	13. FATHER'S NAME
5 2 m Q		Henry Hill Virgie Ress
hin 24 live Page Page File po		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Vos. no. or unknown) (If you give wor or doles of service) 217-16-2411 Grace Thomas, Frederick. Md.
P.M.3.		18. CAUSE OF DEATH Enter only one cause per line for (o), (b), and (c).]
a 18		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage 45 minute
exec The Fer		N DUE TO
Cilir B W		Conditions, if ony, which (b) Bably fractured pelvis and ruptured governise to immediate cause
should n pen s olon o buri		(c), stoling the underlying DUETO Blader
ding" i	E 12	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
d 'pen pminer' Id be u		200. EXTERNAL CAUSE WAS PRIMARY DE CONTRIBUTING D CAUSE OF DEATH. 200. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port 1 or Port II of item 18.) AUTOMODILE accident
IR: T wor Exc		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) I 2 not form 1 1 / 5 19 56 of work o
MINING B		
XA Printing Printing		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and find that
At Toger		death resulted from: Natural causes, Accident Suicide, Hamicide, Undetermined cause
ifficat o the DIREC		ACTUAL SIGNATURE DATE SIGNED DATE SIGNED
ALD OF	3 66	ASSISTANT MEDICAL EXAMINER [7]
NEX.		EXAMINER'S B.O. Thomas DEPUTY MEDICAL EXAMINER A NOVEMber 5,5
cute for TO FU	5	220. BUR AL, CREMATION, 226 DATE THEREOF (Stote) Burlal (Specify) Nov. 8-56 22c. NAME OF CEMETERY OR CREMATORY Udd Fellows Loudon Co. Virginia
VS. A15ME(5)		23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
5M 9/55	4	Charles E. Hicks III Frederick-Nd. DATE Mar. 1957 Elizabeth & Heck
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1. PLACE OF DEATH 17. PROCEED 1. PLACE OF DEATH 18. COUNTY 1
a. COUNTY Frederick b. CTY OR TOWN (If outside corporate limits, write SURAL ord give necess) town of give necess town) Centerville d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Rural Centerville—Fred, Co. Md. Thompson S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE WIDOWED DIVORCED NOVEMber 19, 1956 Nove
b. CHTY-OR TOWN to condition composite limits, write BURAL condition condition
Centerville d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Rural Centerville—Fred. Co. Md. Rural Centerville—Fred. Co. Md. Rural Centerville—Fred. Co. Md. Rural Centerville—Fred. Co. Md. 3. NAME OF DECEASED (Type or print) (Baby) Thompson Thompson 6. COLOR OR RACE (In years If UNDER LYEAR IF UNDER Month) Thompson 6. COLOR OR RACE (In years If UNDER LYEAR IF UNDER
Rural Centerville—Fred. Co. Md. Rural Centerville—Fred. Co. Md. Rural Centerville—Fred. Co. Md. Rural Centerville—Fred. Co. Md. Part
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Thempson Themps
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in year) Inf UNDER IYEAR IF UNDER WIDOWED DIVORCED NOVEMBER 19, 1956 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (stote or foreign country) during most of working life, even if refired 12. CHIZEN OF WHAT OF WHAT OF COUNTRY 12. FATHER'S MAIDEN NAME Thomas Snowden 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 16. COLOR OR RACE 7. MARRIED NAME IN UNDER INCOME. 16. SOCIAL SECURITY NO. 17. INFORMANT Address
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Thomas Snowden 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address If you, give word of defined of service) Address Address
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15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address If yes, go of uphnown) Iff yes, give wer or defet of service)
O Harrist Ola Isabelle Thompson Tiansville R
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEE ONSET AND DEAT
PART I. DEATH WAS CAUSED BY: MMMEDIATE CAUSE (e) AMOXIA
762,0 DUE TO
Conditions, if any, which (b) (b) gave rise to immediate cause
(c), stating the underlying DUE TO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFOR YES
1906 SYTEDNIAL CALLES WAS 1906 SECCORE WOW INTERLY OF CHIPPED (February of internal Park Law
PRIMARY Or CONTRIBUTING O
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County)
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) While Not while of work of work of work
21. I certify that I taak charge of the remains described above, held an Autapsy 🔀, Inspection 🔀, Inquiry 🛣, and fi
death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined cause .
ACTUAL PLANTING TO DATE SI
SIGNATURE M.D. CHILD M
ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) R.O. Thomas DEPUTY MEDICAL EXAMINER II/19/56
NAME (Type) B.O. Thomas 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote
Bu Fin (Specify) 11-19-56 Eberneezer Moth. Church Centerville Fred. Co. Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Charles J. Hicks III Frederick- Ld. DATE 19 WY. 1956 Chicke S. H
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	L		11360 ^{tem}	rain.	CERTIFIC	ATE OF	DEAT	1		Reg. Di	it. No.	31		
į	1.	PLACE OF DEATH o. COUNTY	Frederick		MARYLAND	2 USUAL RE o. STATE	SIDENCE (WI		d lived If institution b. COUNTY		ce before oc	_		
1	b. CITYLOR EQUAN (If outside corporate limits, write RUPAL and give neorest town) Rural Route 6-Nr. Pearl 20 yrs.						c. SHT OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Route 6- Nr. Pearl							
Z1 3/1			TAL (If not in hospital, gi			d. STREET		200400			1 0	RESIDENCE IN A FARM?		
		NAME OF DECEASED (Type or print)	Fin Ann		Missille	vagoner t		4, DATE OF DEATH	Mon	mber	Doy	Year		
	ļ	SEX			NEVER MARRIED	8. DATE OF BIE	RTH	DEATH	9 AGE (In years	IF UNDER	FYEAR IF U	NDER 24 HPS.		
		Female	White	WIDOWED 🚻	DIVORCED	1856	5		100 yrs	Months	Days Ha	ors Min.		
1	100	during most of wor Housew.	ON (Give kind of work d king life, even if relired) Lfe	lone 10b. KIND	OF BUSINESS OR INDI	1	PLACE (Stote		**		IZEN OF W	HAT COUNTRY		
	13.	FATHER'S NAME				14 MOTHER	'S MAIDEN I	NAME						
			Blackman				zabetl	h- ?						
A	(Ye	NO NO	R IN U. S. ARMED FORG (If yes, give wer or dotes of se	rvice		INFORMANT	tow Co	Ron	te 6-Fred		2700	Page 1		
	-		ATH [Enter only one co	No.		204 MIGI	G# 00.	re-nou	de O-riec	iei rei		T BEI MEEN		
ä			TH WAS CAUSED BY:		releval	tan	- C	sic.			ONSET A	ND DEATH		
,			DUE TO		,									
		Conditions, if a		Ay	TEND SC	levisi	5	gen	aroul		10-2	20 48		
		gave rise to i couse (o), stating					,	O						
	z	lying couse last.	(c) HER SIGNIFICANT CONE	OUTIONS CONTR	PRITING TO DEATH BU	T NIOT DELATED	TO THE TERM	INIAI DIEEAS	E COMPLETION ON	ENLINI BAD	F 1/-1/10 34	AS AUTOREY		
34	ATIO	1 1 1 1 1 1 1	TIER SIGNIFICATION COIN	AMONS CONTR	BOTHNO TO OLKHI BO	THOI KEDATED	IO THE TERM	INALDISEAS	E CONDITION OIL	EN IN FAK	PE	REORMED?		
	ERTIFIC	20a, ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DESCRIBE I	HOW INJURY OCCURR	ED. (Enter noture	of injury in	Port I or Par	1 II of item 16.)			<u>Д</u> Д		
	CALC	20c. TIME OF INJUI		r 20d. INJURY	OCCURRED 20e. P	LACE OF INJURY	(Home, form	n. 120f. (City	or town)	10	County)	(State)		
	MEDIC	Hour a. n. p. m.	19	White !	Not while fi	octory, street, off	ice bldg., etc	(1)	1, -		,,	(5.5.5)		
		21. I certify th	at I attended the	deceased fro		0 , 195		NO				he decease		
		ative on	Uet. 24	12.56	_, and that deat	h occurred a					ne date s			
	L	ACTUAL SIGNATURE	al & d.	Min	Les .				reel, city or town, -Marvland		11	DATE SIGNI		
-						M.D	11011-1		_work A Tourie			(
	_	PHYSICIAN'S NAME (Type)I	or. Ralph L.	Michel	.8									
	220	REMOVAL Specify	H, 226. DATE THEREO		NAME OF CEMETERY				TION (City, town, o		,	State)		
	23	Burial FUNERAL DIRECTOR	11-7-195		t. Carmel	Cemetery		Nr.	Pearl -M					
		C. E. Clin		, F	rederick-M	aryland	DATE DATE	May 10	C C	AA	& L	roch		
	-						101110	1001/13	11 61 646	CXLXX		V LIL		

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		44004	MENT OF HEALTH—BALTIMORE, 18 CATE OF DEATH	1134							
	1.	PLACE OF DEATH COUNTY Frederick MARYLAN	2. USUAL RESIDENCE (Where deceased lived If institutions a STATE	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)							
0 (10	2	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL a RURAL and give nearest fown)									
should the second	-	Brunswick I life NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION I29 9th Ave	Brunswick d. street Address I29 9th Ave	e. IS RESIDENC ON A FARM YES NO							
<u> </u>		NAME OF First Middle DECEASED Type or print) Annalee	whipp death II	Day Yeor II 195							
.s.	5 :	Female White WIDOWED DIVORCED	1 4-19-1896 60 yrs. N	UNDER 1 YEAR IF UNDER 24 H							
death.	L	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of work gg life, even if retired) HOUSEWITE HOME	NDUSTRY 11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUN							
T setter	13	Edwin S.Forrest	14 MOTHER'S MAIDEN NAME Etta May Je	ennings							
72 hauge	IS. IYe	no, or unknown) (If yee, give war or dates of service)	7. INFORMANT Address								
1, and in any event w	NO	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate cause (a), stating the under: lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	ELIZA + W LA SEE ELEGATION GIVEN	ONSELAND DEAT							
the burial-	CERTIFICATION	20a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of injury in Part I or Part II of item 18.)	PERFORMED! YES NO							
ematian,	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work	PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.)	(County) (Sta							
prior to burial, or		ACTUAL SIGNATURE	ath accurred at 10 kg/h, from the causes and	that I lost saw the deced d an the date stated ab tel Hall DATE SIG							
יַם מַ		PHYSICIAN'S J.G.F.Smith BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETER	Y OR CREMATORY 22d. LOCATION (City, town, or c								
ge 3 sl regist		REMOVAL (Specify) Rurial TT_IL-56 Church of		county) (Stote)							

BUREAU V. S.

SECEINED

1	1	MARYLAND STATE	DEPARTME	NT OF HEAL	TH-BALTI	MORE, 1	8 11	348					
		11331	CERTIFICA	TE OF DEA	TH		Reg. Dist. No	121					
I director, filled with	1.	1. PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY b. COUNTY											
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y the fun 2 should	-	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Frederick Memorial	8 days	d. STREET ADDRESS		navyla	Nq	e. IS RESIDENCE ON A FARM? YES NO P					
filled ges 1 2mg		NAME OF DECEASED LIVER First B	Middle	last	4. DATE OF DEATH	Mont	h D	y Yeor 19.56					
letely fill	-	6. COLOR OR RACE 7. MARRIED ME	VER MARRIED 8	DATE OF BIRTH O	9.	AGE (In years lost birthday)	Months Days	IF UNDER 24 HRS. Hours Min.					
and comp son paper or death.	100	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF E			ote or foreign coun	Try)	12. CITIZEN C	J. States					
physician ar mave earba	13.	Frederick L. Wisotzkey		Hannah		r							
	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SE No. or infinishin) (II yes, give wor or dates of service)		rormant zabeth W1	sotzkey	Addre		MD					
in any event within 72		18. CAUSE OF DEATH [Enter only one cause per line for (o), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if only, which gove rise to immediate cause (a), stating the under	sclevosi	s vy hage				ERVAL BETWEEN SET AND DEATH					
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ottending ottending trifficate or, ar re-	AL CERTIF	20b. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCC		CE OF INJURY (Hame,			15	(Stole)					
tral or or use o	MEDIC	Hour o. m. While Not of work of work of work	while foct	ory, street, office bldg.,	etc.)		(County)						
At revains by the hospi TOR: After detached it to burial, a		21. I certify that I attended the deceased from alive an 19.56.		, 19 <u>56</u> , la occurred at 5 <u>10</u>	A.A.M. from t		nd on the do	aw the deceased ite stated above. DATE SIGNED					
ined brould be		SIGNATURE PHYSICIAN'S NAME (Type) A.A. Pearre	NX_N	Frede	rick 1	1d	;						
may be FUNE FUNE Page 3 s	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAV	WE OF CEMETERY OR			N (City, town, or		(State)					
VS A1S (4)	23.	FUNERAL DIRECTOR'S SIGNATURE ADD	RESS	24a. R	Phurmoni ec'd by registrai 10 Www. 195		TRAR'S SIGNATU	RE A					
1SM 9/55	K	ary and and		DAIL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	b) chic	THUM TO	TIGOR					

9561 TT NO

Harings Cucker

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11332 **CERTIFICATE OF DEATH** 11349

	-								wah. n	131. 110.		V 1
1. PLACE OF DEATH a. COUNTY	Frederick	MARYLA	12	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick								
b. CITY OR FOUNT RURAL ond give n Freder:	1 1b	c. COTT OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural— Frederick										
OR INSTITUTION	TAL (If not in hospital, gi erick Memori				d. STREET ADD	ress ute (5				ONA	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Frank	Zepp		4. DATE OF DEATH	Mon Nove		14	Li 19 56				
s. sex Male		7. MARI	NEVER MARRIED DIVORCED		June 25-	1907		9. AGE (In years lost bythday) 49 yrs.	Manths Manths	Doys	Hours	ER 24 HRS. Min.
Farmer	ON (Give kind of work di king life, even if retired)		kind of Business or Own farm	INDUSTI	Maryl	and		iunlry}	12. CI	TIZEN O		COUNTRY
13. FATHER'S NAME	n 6				14. MOTHER'S MA		ME					
William '	I'. Zepp	rea la		12 (200	Daisy	Oden						
	(II yes, give war or dates of ser	vice)	social security no. 212–24–3628		. Frank	T. Ze	epp-	Route 6-1		rick	-Md	
CATIC	the <u>under</u> DUE TO (c) HER SIGNIFICANT COND	Ru	plus of butributing to Death	De H BUT N	of RELATED TO TH	L S ETERMIN	Lessa AL DISEASE	A CONDITION GIV	'EN IN PAI	5	PERFC	AUTOPSY DRMED?
	MEDICAL EXAMINER		CRIBE HOW INJURY OCC	URRED.	(Enter noture of in	jury in Pa	rt I ar Part	Il of item 18.)				
20c. TIME OF INJUR Haur o. m. p. m.	RY Month, Day, Year		NJURY OCCURRED Nat while at work	De. PLAC facta	E OF INJURY (Han ty, street, office blo	ne, farm, dg., etc.}	20f. (City	or town)	l	County)		(State)
21. I certify the alive on	ener lattended the	deceas , 191	ed from /// 6, and that d	7	, 19 <u>56, 1</u> ccurred at 9	Al	DDRESS (Se	the causes a reet, city or town,	ind on t	he da	le state	deceased ed above ATE SIGNED
	r. Henry V.				Frede	rick	-Mary	land	ale little sele seje sele sele sele			
220. BURIAL, CREMATIC REMOVAL (Specify)			22c. NAME OF CEMET			2		ION (City, town, o			(Stat	
Burial 23. FUNERAL DIRECTOR	11-17-19°	/4	Mt. Olivet	Cen		05.612		derick		Mary		L
at 20 77 77 7	ne y Kon	4	Frederick-M	aryl			BY REGISTI	00.	alul	I &	4.	sech

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the destinantificate be escuted within 24 hours often death. Rage # D FUN. I DIRECTOR: After this certificate has been signed by the attending physicisms and completely fillippoge 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Fages the registrar prior to burial, cremation, or removal, and in any event within 72 flourismer death. TO FUN VS A1S (4) 15M 9/SS

toined by the hospital or attending physician.

